

**COUNTY OF SAN DIEGO - WRITTEN DISCLOSURE**

(PURSUANT TO SECTION 1000.1 OF THE SAN DIEGO COUNTY CHARTER)

FILER INFORMATION: (Please type or print in ink)

Nolte Associates, Inc.

(NAME OF CONTRACTOR [INDIVIDUAL OR ENTITY] OR REGISTERED LOBBYIST)

(TELEPHONE NO. - INCLUDING AREA CODE) 858-385-0500☒ CONTRACTOR ☐ LOBBYIST (Check one)☐ SUPPLEMENTAL FORM (Check if presenting at Board of Supv. Mtg.)DISCLOSURE COVERS PERIOD FROM 9-7-05 TO 9-7-06

(Disclosure must cover the year preceding the date of the disclosure)

NAME AND ADDRESS OF CONTRACTOR:

Nolte Associates, Inc. 15070 Avenue of Science, #100, San Diego 92128

ADDRESS OF REGISTERED LOBBYIST (IF APPLICABLE)

(Clerk's Use Only - Date and Time Stamp)

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS

2006 SEP 11 PM 3:21

THOMAS J. BASTUSZKA  
CLERK OF THE BOARD  
OF SUPERVISORSBoard Mtg. Date: 09-27-06Agenda Item: 8

Communication Rec'd.: \_\_\_\_\_

County Department Contact:

Name \_\_\_\_\_

Department \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**REPORTABLE DISCLOSURE: (Check Yes or No below)**☐ YES If you HAVE gifts and/or contributions to report, please complete Sections A and/or B, as applicable, and Sections C, D, and E☒ NO If you have NO gifts and NO contributions to report, please complete Section D and E only**A. REPORTABLE DISCLOSURE - GIFTS \* (AGGREGATING \$50.00 OR MORE)**

NAME OF RECIPIENT (Name of Board Member or immediate family member)	NAME & TITLE OF DONOR	DATE OF GIFT	DESCRIPTION OF GIFT	AMOUNT/VALUE

\* Attach additional pages if necessary

**B. REPORTABLE DISCLOSURE - CAMPAIGN CONTRIBUTIONS \* (ANY AMOUNT)**

NAME OF RECIPIENT (Name of Board Member or Controlled Committee receiving campaign contribution)	NAME & TITLE OF CONTRIBUTOR	DATE OF CONTRIBUTION	AMOUNT

\* Attach additional pages if necessary

**C. TOTAL NUMBER OF PAGES (including this page) \_\_\_\_\_ 1 \_\_\_\_\_****D. VERIFICATION**

I have used all reasonable diligence in preparing this disclosure. I declare under penalty of perjury that I have reviewed this disclosure and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

[Signature] / Assistant Controller  
Signature of Lobbyist or Signature & Title of Person Submitting Disclosure for Contractor)Executed at: Sacramento, California

(City and State)

Date: 9-7-06**E. CONTRACTOR'S CERTIFICATION**

The contractor and the contractor's registered lobbyist, if any, have complied with the disclosure requirements imposed by San Diego County Charter section 1000.1.

[Signature]  
Signature of Contractor or Representative  
Kathy Gierczak, Assistant ControllerAssistant Controller  
Title9-7-06  
Date